

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2					
4						
5						
6	2					
7			1			
8			1			
9			1			
10			2			
11			2			
12			2			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			2			
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49						
50						
TOTAL IND.	1		3			
TOTAL DEP.	8		16			
TOTAL CLAIMS	9		15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

19 * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS